

**UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF LOUISIANA  
ALEXANDRIA DIVISION**

**MICHAEL CHAVARRIA and  
RAMIRO CONDE, JR.,  
Plaintiffs**

**V.**

**CATAVOY COTTON GIN, LLC  
And ROGER JOHNSON,  
Defendants.**

**CIVIL ACTION NO. 01:10-CV-01526  
DEFENDANTS RESPONSE TO  
FIRST SET OF REQUESTS FOR  
PRODUCTION**

# EXHIBIT “F”

**Form W-4 (2009)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Personal Allowances Worksheet (Keep for your records.)**

|   |  |  |   |
|---|--|--|---|
| A   | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent.   | A  | 1 |
| B   | Enter "1" if: <ul style="list-style-type: none"> <li>You are single and have only one job; or</li> <li>You are married, have only one job, and your spouse does not work; or</li> <li>Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>   | B  | 1 |
| C   | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)  | C  | 0 |
| D   | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return   | D  | 0 |
| E   | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)  | E  | 0 |
| F   | Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit<br>( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | F  | 0 |
| G   | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul> | G  | 0 |
| H   | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.)  | H  | 2 |
| For accuracy, complete all worksheets that apply. |  | <ul style="list-style-type: none"> <li>If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |   |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|   |  |   |  |
|---|--|---|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b><br>OMB No. 1545-0074<br><b>2009</b>   |  |
| 1 Type or print your first name and middle initial.<br><b>Brandon S.</b>  |  | 2 Your social security number<br><b>259 81 3884</b>   |  |
| Last name<br><b>Johnson</b>   |  | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |
| Home address (number and street or rural route)<br><b>724264 Hwy 124 South</b>  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>   |  |
| City or town, state, and ZIP code<br><b>Jonesville, LA 71343</b>  |  |   |  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |  | <b>5</b>  |  |
| 6 Additional amount, if any, you want withheld from each paycheck   |  | <b>6</b> \$ <b>0</b>  |  |
| 7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability</b> and</li> <li>This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b>.</li> </ul> If you meet both conditions, write "Exempt" here |  | <b>7</b>  |  |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.  |  |   |  |
| Employee's signature<br>(Form is not valid unless you sign it.) <b>Brandon Johnson</b>  |  | Date <b>08/25/09</b>  |  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |  | 9 Office code (optional)  |  |
|   |  | 10 Employer identification number (EIN)   |  |

**APPLICATION FOR EMPLOYMENT**

(Please Print)

**Johnson** **Brandon** **Scott**  
 Last Name First Name Middle Name  
 24264 Hwy 124 Jonesville, LA 71343  
 Address Number Street City State Zip Code  
 (231) 736-7118 2571 81 3884  
 Telephone Number(s) Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☒ No

May we contact your present employer? ☐ Yes ☐ No

On what date would you be available for work? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* ☐ Yes ☒ No

Have you had your driver licenses suspended, revoked or received a DWI? ☐ Yes ☒ No

If Yes, please explain \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? ☐ Yes ☒ No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

|                    |  |            |                    |       |                |
|--------------------|--|------------|--------------------|-------|----------------|
| 1.                 | Employer<br><b>Cattavey Cotton Gin</b> |            | Length of Service  |       | Work Performed |
|                    | Address                                |            |                    |       |                |
|                    | Telephone Number(s)                    |            | Hourly Rate/Salary |       |                |
|                    |  |            | Starting           | Final |                |
|                    | Job Title                              | Supervisor |                    |       |                |
| Reason for Leaving |  |            |                    |       |                |
| 2.                 | Employer                               |            | Length of Service  |       | Work Performed |
|                    | Address                                |            |                    |       |                |
|                    | Telephone Number(s)                    |            | Hourly Rate/Salary |       |                |
|                    |  |            | Starting           | Final |                |
|                    | Job Title                              | Supervisor |                    |       |                |
| Reason for Leaving |  |            |                    |       |                |
| 3.                 | Employer                               |            | Length of Service  |       | Work Performed |
|                    | Address                                |            |                    |       |                |
|                    | Telephone Number(s)                    |            | Hourly Rate/Salary |       |                |
|                    |  |            | Starting           | Final |                |
|                    | Job Title                              | Supervisor |                    |       |                |
| Reason for Leaving |  |            |                    |       |                |

OMB No. 1615-0047; Expires 06/30/09

**Form I-9, Employment Eligibility Verification**Department of Homeland Security  
U.S. Citizenship and Immigration Services

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|  |                         |                            |   |
|--|-------------------------|----------------------------|---|
| Print Name: Last<br><u>Johnson</u>                             | First<br><u>Brandon</u> | Middle Initial<br><u>S</u> | Maiden Name                                       |
| Address (Street Name and Number)<br><u>24264 Hwy 124 South</u> |                         | Apt. #                     | Date of Birth (month/day/year)<br><u>07/25/89</u> |
| City<br><u>Jonesville, LA</u>                                  | State<br><u>LA</u>      | Zip Code<br><u>71343</u>   | Social Security #<br><u>259 81 3884</u>           |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen or national of the United States  
☐ A lawful permanent resident (Alien #) A \_\_\_\_\_  
☐ An alien authorized to work until \_\_\_\_\_  
 (Alien # or Admission #) \_\_\_\_\_

Employee's Signature

Brandon Johnson

Date (month/day/year)

08/25/09**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                          | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____           |    | _____  |     | _____  |
| Issuing authority: _____        |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |            |                       |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative  | Print Name | Title                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) |            | Date (month/day/year) |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)



**CONFIDENTIAL****SECOND INJURY FUND QUESTIONNAIRE**

The purpose of this questionnaire is to provide the employer with knowledge about the employee - specifically about any pre-existing condition or disability which may entitle the employer to reimbursement from Louisiana's Second Injury Fund (R.S. 23 §1378). The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

NAME Brandon Scott Johnson  
 ADDRESS 24264 Hwy 124 South, Jonesville, LA 71343  
 In Emergency Notify Roger E. Johnson Relationship Father City Jonesville, LA State LA Zip 71343 Phone 229-388-0216  
 Family Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_

**MEDICAL HISTORY/WORK INJURY****A. Do you now or have you ever had:**

Heart Trouble ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Diabetes ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 High Blood Pressure ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Arthritis ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Epilepsy ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any type Seizures ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Back Injuries ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Back/Spine Surgery ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any other serious physical ailments ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any physical impairments ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any mental/emotional problems ☒ No ☐ Yes If yes, explain \_\_\_\_\_

**B. How many days were you absent from work due to illness:** Last Year \_\_\_\_\_ Last 5 Years \_\_\_\_\_  
 Explain: \_\_\_\_\_

**Have you ever been injured on the job?** ☒ No ☐ Yes If yes, answer the following:

Approximate Date of Accident \_\_\_\_\_  
 Did you lose any time from work? ☒ No ☐ Yes If yes, how many days? \_\_\_\_\_  
 Did any permanent damage or disability result? ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Were you given a disability rating by a Doctor? ☒ No ☐ Yes  
 If yes, give Doctor's Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 What part of the body was injured? \_\_\_\_\_  
 Are you now drawing Worker's Compensation for any former injury? \_\_\_\_\_  
 If yes, give details \_\_\_\_\_  
 Give details of any other injuries you may have sustained on or off the job in the past 5 years \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How would you classify your present health? \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ Excellent \_\_\_\_\_ Never been sick

Would you submit to a physical examination at the Company's expense? ☐ Yes ☐ No

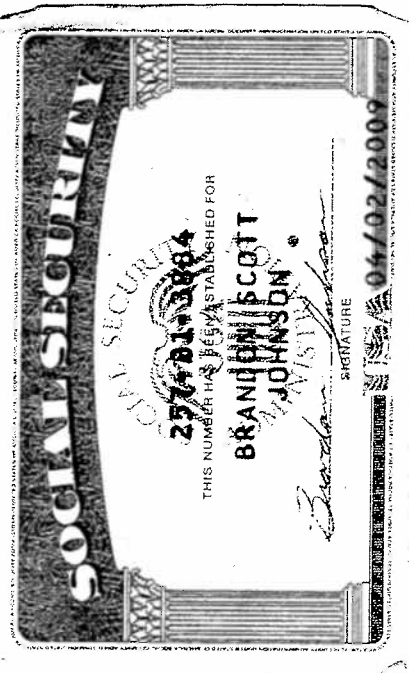
**WARNING: PURSUANT TO LSA-RS 23:1208.1, I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.**

**HAVE READ AND FULLY UNDERSTAND THE ABOVE.**

DATE 08/25/09

SIGNATURE

Brandon Johnson



**Georgia**

DRIVER'S LICENSE

NUMBER 051386673 EXPIRES 07-25-2014

JOHNSON, BRANDON SCOTT  
830 WHISPERING WILLOW CT  
GROVETOWN, GA 30813-6602

| SEX | BIRTHDATE  | ISSUE DATE | COUNTY |
|-----|------------|------------|--------|
| M   | 07-25-1989 | 06-04-2009 | 036    |

| HEIGHT | WEIGHT | CSC  | FEE    | RESTRICTIONS |
|--------|--------|------|--------|--------------|
| 5-10   | 146    | 9 63 | 021.00 | 2            |

| CLASS | ENDORSEMENTS | TYPE | UNTIL      |
|-------|--------------|------|------------|
| C     |              | REG  | 07-25-2010 |

ORGAN DONOR

*Brandon Scott Johnson*

*05/25/2010*

## APPLICATION FOR EMPLOYMENT

(Please Print)

Johnson                      Brandon                      Scott  
 Last Name                      First Name                      Middle Name  
 24264 Hwy 124                      Jonesville, LA                      71343  
 Address                      Number                      Street                      City                      State                      Zip Code  
 229-308-0299                                                                                                          257 / 81 / 3884  
 Telephone Number(s)                      Drivers License Number                      Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☒ No

Are you currently employed?

☐ Yes ☒ No

May we contact your present employer?

☐ Yes ☒ No

On what date would you be available for work?

A.S.A.P.Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*☐ Yes ☒ No

Have you had your driver licenses suspended, revoked or received a DWI?

☐ Yes ☒ No

If Yes, please explain \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?

☐ Yes ☒ No*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

|    |  |   |  |
|----|--|---|--|
| 1. | Employer<br><u>Sipps Team U.S.A.</u>                           | Length<br>of Service<br><u>2 months</u>   | Work Performed<br><u>Building, Construction, Welding</u> |
|    | Address<br><u>246 Industrial Park Rd.</u>                      | Hourly Rate/Salary<br>Starting      Final |  |
|    | Telephone Number(s)  |   |  |
|    | Job Title<br><u>Floor Worker</u>                               | Supervisor<br><u>Travis Harrell</u>       |  |
|    | Reason for Leaving<br><u>Not enough hours, New Job opening</u> | <u>8.00</u> <u>8.00</u>                   |  |
| 2. | Employer   | Length<br>of Service                      | Work Performed   |
|    | Address  |   |  |
|    | Telephone Number(s)  | Hourly Rate/Salary<br>Starting      Final |  |
|    | Job Title  | Supervisor                                |  |
|    | Reason for Leaving   |   |  |
| 3. | Employer   | Length<br>of Service                      | Work Performed   |
|    | Address  |   |  |
|    | Telephone Number(s)  | Hourly Rate/Salary<br>Starting      Final |  |
|    | Job Title  | Supervisor                                |  |
|    | Reason for Leaving   |   |  |

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. Travis Harrell, 243 Hwy 262 South, Climax, GA 39834

2. \_\_\_\_\_

3. \_\_\_\_\_

## EDUCATION

|  | Elementary School   |   |   |   |   | High School            |    |    |    | Undergraduate College/University |   |   |   | Graduate/Professional |   |   |   |
|--|---|---|---|---|---|------------------------|----|----|----|----------------------------------|---|---|---|-----------------------|---|---|---|
| School Name and Location   | Potter Street Elementary School   |   |   |   |   | Bainbridge High School |    |    |    | 1 Semester at Bainbridge College |   |   |   |                       |   |   |   |
| Years Completed  | 4   | 5 | 6 | 7 | 8 | 9                      | 10 | 11 | 12 | 1                                | 2 | 3 | 4 | 1                     | 2 | 3 | 4 |
| Diploma/Degree   |   |   |   |   |   | High School Diploma    |    |    |    |                                  |   |   |   |                       |   |   |   |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities      | Certified Industrial Maintenance Program<br>Certified Manufacturing Program<br>Welding II + I |   |   |   |   |                        |    |    |    |                                  |   |   |   |                       |   |   |   |
| State any additional information you feel may be helpful to us in considering your application |   |   |   |   |   |                        |    |    |    |                                  |   |   |   |                       |   |   |   |

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Brandon John  
Signature of Applicant

03/27/08  
Date

## TO BE COMPLETED BY EMPLOYER:

Employment Offered ☐ Yes ☐ No

If yes, type employment: ☒ Full-time

☐ Part-time

☐ Seasonally

Compensation: \$8.00

By: Kathy Book

per hour

per week



**Form W-4 (2008)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

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**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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**Personal Allowances Worksheet (Keep for your records.)**

|   |   |   |          |
|---|---|---|----------|
| A | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent.  | A | <u>1</u> |
| B | Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | B | <u>1</u> |
| C | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)   | C | <u>0</u> |
| D | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return  | D | <u>0</u> |
| E | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)   | E | <u>0</u> |
| F | Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | F | <u>0</u> |
| G | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>   | G | <u>2</u> |
| H | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)   | H | <u>2</u> |
|   | For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b>, or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |   |          |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|  |  |  |  |   |
|--|--|--|--|---|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b><br>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. |  | OMB No. 1545-0074<br><b>2008</b>                    |
| 1 Type or print your first name and middle initial.<br><b>Brandon S.</b>   |  | Last name<br><b>Johnson</b>  |  | 2 Your social security number<br><b>257 81 3884</b> |
| Home address (number and street or rural route)<br><b>Hwy. 124, 24264</b>  |  | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.      |  |   |
| City or town, state, and ZIP code<br><b>Jonesville, LA 71343</b>   |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>  |  |   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | 5 <u>2</u>   |  |   |
| 6 Additional amount, if any, you want withheld from each paycheck  |  | 6 \$   |  |   |
| 7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here |  | 7 <u>0</u>   |  |   |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   |  |  |  |   |
| <b>Employee's signature</b><br>(Form is not valid unless you sign it.) ▶ <i>Brandon Johnson</i>  |  |  |  |   |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | 9 Office code (optional)   |  | 10 Employer identification number (EIN)             |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

## Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

|  |                         |                            |  |
|--|-------------------------|----------------------------|--|
| Print Name: Last<br><u>Johason</u>                         | First<br><u>Brandon</u> | Middle Initial<br><u>S</u> | Maiden Name                                      |
| Address (Street Name and Number)<br><u>Hwy. 124, 24264</u> |                         | Apt. #                     | Date of Birth (month/day/year)<br><u>7/25/89</u> |
| City<br><u>Jonesville</u>                                  | State<br><u>LA</u>      | Zip Code<br><u>71343</u>   | Social Security #<br><u>257813884</u>            |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien #) A \_\_\_\_\_

☐ An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #)

Employee's Signature Brandon Johason Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

### Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                          | OR | List B                 | AND | List C                   |
|---------------------------------|----|------------------------|-----|--------------------------|
| Document title: _____           |    | <u>Drivers License</u> |     | <u>Birth Certificate</u> |
| Issuing authority: _____        |    | <u>See Attachment</u>  |     | <u>See Attachment</u>    |
| Document #: _____               |    | _____                  |     | _____                    |
| Expiration Date (if any): _____ |    | _____                  |     | _____                    |
| Document #: _____               |    | _____                  |     | _____                    |
| Expiration Date (if any): _____ |    |                        |     |                          |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 2/26/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |   |   |
|---|---|---|
| Signature of Employer or Authorized Representative<br><u>Kathy Book</u> | Print Name<br><u>Kathy Book</u>   | Title<br><u>Secretary / Bookkeeper</u>  |
| Business or Organization Name<br><u>Catavoy Cotton Gin, LLC</u>         | Address (Street Name and Number, City, State, Zip Code)<br><u>PO Box 386 Jonesville, LA 71343</u> | Date (month/day/year)<br><u>2/26/08</u> |

### Section 3. Updating and Reverification. To be completed and signed by employer.

|  |  |
|--|--|
| A. New Name (if applicable)  | B. Date of rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. |  |
| Document Title: _____  | Document #: _____                                  |
| Expiration Date (if any): _____  |  |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                       |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

# CONFIDENTIAL

## SECOND INJURY FUND QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee — specifically about any pre-existing condition or disability which may entitle the employer to reimbursement. The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; hiring, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

NAME Brandon Scott Johnson  
 ADDRESS Hwy. 124, 24264, Jonesville, LA 71343  
 In Emergency Notify Roger Johnson Relationship Father City " State " Zip " Phone 229-308  
 Family Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_

### MEDICAL HISTORY/WORK INJURY

A. Do you now or have you ever had:

Heart Trouble ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Diabetes ☒ No ☐ Yes If yes, explain \_\_\_\_\_

High Blood Pressure ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Epilepsy ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any type Seizures ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Back Injuries ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any other serious physical ailments ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any physical impairments ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any mental/emotional problems ☒ No ☐ Yes If yes, explain \_\_\_\_\_

How many days were you absent from work due to illness:

Last Year None ? Explain \_\_\_\_\_

Last 5 Years None ? Explain \_\_\_\_\_

Have you ever been injured on the job? ☐ No ☐ Yes

If yes, answer the following:

Approximate Date of Accident \_\_\_\_\_

Did you lose any time from work? ☐ No ☐ Yes If yes, how many days? \_\_\_\_\_

Did any permanent damage or disability result? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

Were you given a disability rating by a Doctor? ☐ No ☐ Yes

If yes, give Doctor's Name and Address \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Are you now drawing Worker's Compensation for any former injury? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Give details of any other injuries you may have sustained on or off the job in the past 5 years \_\_\_\_\_

How would you classify your present health? \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ Excellent \_\_\_\_\_ Never been sick

Would you submit to a physical examination at the Company's expense? ☒ Yes ☐ No

**WARNING:** I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.



## DRUG AND ALCOHOL POLICY

### I. STATEMENT OF POLICY:

It is the policy of \_\_\_\_\_ to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, no intoxicating beverages, firearms, knives, weapons, drugs of any kind including, but not limited to prescription drugs (except as provided below), marijuana and over-the-counter medication, and drug-related paraphernalia, are allowed on company property. With his or her supervisor's prior permission, as employee may possess certain prescription drugs and medication provided:

- 1) it has been prescribed for and limited to his/her use;
- 2) it is kept in the original container and;
- 3) a Medication Permission Form is signed by employee and supervisor. The \_\_\_\_\_ reserves the right to determine what items and substances will be prohibited on company property. Also prohibited is being at work, or reporting to work, with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of the policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises" – includes all locations at which work is performed by company personnel or which our company is assigned to work, including parking lots and storage areas. It also includes aircraft, automobiles, trucks and all other vehicles and equipment, whether company owned or leased.

### II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company. This search may include offices, vehicles, desks, lockers and personal possessions. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. When appropriate, items and substances discovered during these searches may be retained by the management and turned over to law enforcement authorities. The company will pay for the full cost of any tests and transportation to and from such tests.


If an employee chooses not to consent to the searches or medical testing, the employee may be subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of \_\_\_\_\_ management representatives.

### ACKNOWLEDGEMENT

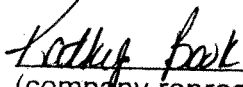
I have read and understand THE DRUG AND ALCOHOL POLICY and agree to submit to all its requirements (including Urine Drug Screening). I understand that compliance with THE DRUG AND ALCOHOL POLICY is a condition of my employment with this company or my remaining c its property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of THE DRUG AND ALCOHOL POLICY.

Brandon Scott Johnson  
(print name of employee/non-employee)

257813884  
(social security number)

  
(employee/non-employee signature)

2/26/08  
Date

  
(company representative signature)

2/26/08  
Date



## CATAVOY COTTON GIN, LLC

PO BOX 386  
JONESVILLE, LA 71343APPLICANT/EMPLOYEE  
Attachment "B"

## DRUG /ALCOHOL INFORMED CONSENT FORM

PURPOSE OF TEST:  
(Check all that applies)

- [ ] INITIAL IMPLEMENTATION  
 [ ] PRE-EMPLOYMENT  
 [ ] PRE-ENTRY-DESIGNATED POSITION AND/OR AREA OR WORK  
 [ ] PERIODIC  
 [ ] FOR CAUSE/SUSPICION  
 [ ] POST-REHABILITATION  
 [ ] POST-ACCIDENT  
 [ ] RANDOM

I, Brandon Scott Johnson (please PRINT your name) CONSENT to this request for biological specimen. I understand that the chemical analysis will be conducted by a qualified laboratory and that the results of that analysis will be forwarded to the designated company representative.

The PURPOSE of this analysis is to determine or rule out drug or alcohol abuse. I hereby give my consent to the company to **WORKFORCE CONSULTANTS** and/or its collection agent, \_\_\_\_\_ to collect a urine and/or blood sample and I give my consent to **WORKFORCE CONSULTANTS** to forward the samples to a laboratory, clinic, or hospital to analyze and identify the presence of drugs and alcohol and to report the findings to the company representative.

It is understood that I am submitting to these test of my own free will.

Brandon Scott Johnson  
Employee's Signature

Kathy Book  
Company Representative's Signature

257813884  
Employee's Social Security Number

Catavoy Cotton Gin, LLC  
Location

Catavoy Cotton Gin.  
Gin & Warehouse  
Work Location

(318) 339-6161  
Telephone Number with Area Code

2/26/08  
Today's Date

NOTE: If the person refuses to sign, is unable to sign, or the required specimen cannot be obtained. Document below a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

\_\_\_\_\_  
Witness Signature


\_\_\_\_\_  
Date

**Georgia**  
PROVISIONAL  
DRIVER'S LICENSE

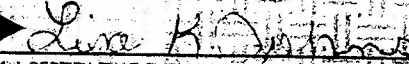
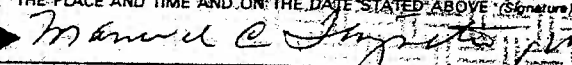
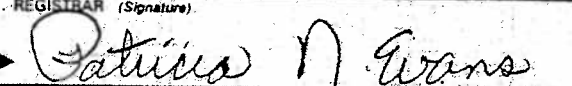
NUMBER 051386673 EXPIRES 07-25-2010  
JOHNSON, BRANDON SCOTT  
1116 ROCK BLUFF RD  
BLAKELY, GA 39823-7062

|        |              |            |                  |
|--------|--------------|------------|------------------|
| SEX    | BIRTHDATE    | EXAM DATE  | COUNTY           |
| M      | 07-25-1989   | 10-13-2005 | 049              |
| HEIGHT | WEIGHT       | CSC        | FEE RESTRICTIONS |
| 5-06   | 142          | 9 40       | 010.00 2         |
| CLASS  | ENDORSEMENTS | TYPE       | UNTIL            |
| D      |              | REG        | 07-25-2010       |

ORGAN DONOR *Brandon Johnson*  
COMMISSIONER *Jim Davis*



89-060954

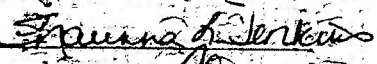

| TYPE OR PRINT IN PERMANENT BLACK OR BLUE INK   |  | STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH  |  |  |  | Local File Number                  |  | State File Number 110-                           |  |
|--|--|---|--|--|--|------------------------------------|--|--|--|
| 2. CHILD'S NAME: FIRST   |  | 3. MIDDLE   |  | 4. LAST  |  | 5. JR., SR., II                    |  | 6. SEX (M or F)                                  |  |
| Brandon  |  | Scott   |  | JOHNSON  |  |                                    |  | Male   |  |
| 7. DATE OF BIRTH (Mo., Day, Year)  |  | 8. TIME OF BIRTH  |  |  |  |                                    |  |  |  |
| July 25, 1989  |  | 8:59 A.   |  |  |  |                                    |  |  |  |
| 9. THIS BIRTH (Single, Twin, Triplet, Etc.)  |  | 10. IF NOT SINGLE SPECIFY BIRTH ORDER   |  | 11. CITY, TOWN, OR LOCATION OF BIRTH   |  |                                    |  |  |  |
| Single   |  |   |  | Bainbridge   |  |                                    |  |  |  |
| 12. HOSPITAL/FACILITY NAME (If not Hospital, give Street and Number)   |  | 13. IF NOT HOSPITAL (Check one)   |  | 14. COUNTY OF BIRTH  |  |                                    |  |  |  |
| Memorial Hospital  |  | <input type="checkbox"/> 1 Clinic/Doctor's Office<br><input type="checkbox"/> 2 Residence<br><input type="checkbox"/> 3 Free Standing Birthing Center<br><input type="checkbox"/> 4 Other |  | Decatur  |  |                                    |  |  |  |
| 15. MOTHER'S NAME: FIRST   |  | 16. MIDDLE  |  | 17. LAST   |  | 18. MAIDEN (Last Name)             |  | 19. DATE OF BIRTH (Mo., Day, Year)               |  |
| Lisa   |  | Lorraine  |  | Johnson  |  | Kelly                              |  | January 25, 1967                                 |  |
| 20. STATE OF BIRTH (If not U.S.A., Name Country)   |  | 21. RESIDENCE—STATE   |  | 22. COUNTY   |  | 23. CITY, TOWN OR LOCATION         |  | 24. STREET AND NUMBER OF RESIDENCE               |  |
| Georgia  |  | Georgia   |  | Miller   |  | Colquitt                           |  | Route 2, Box 342                                 |  |
| 25. MOTHER'S MAILING ADDRESS—IF SAME AS ABOVE, ENTER ZIP CODE  |  | 26. RESIDENCE INSIDE CITY LIMITS (Yes or No)  |  |  |  |                                    |  |  |  |
| 31717  |  | No  |  |  |  |                                    |  |  |  |
| 27. FATHER'S NAME: FIRST   |  | 28. MIDDLE  |  | 29. LAST   |  | 30. DATE OF BIRTH (Mo., Day, Year) |  | 31. STATE OF BIRTH (If not U.S.A., Name Country) |  |
| Roger  |  | Eugene  |  | Johnson  |  | April 13, 1967                     |  | Georgia  |  |
| 32. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature of Parent or Other Informant) |  | 33. RELATION TO CHILD   |  |  |  |                                    |  |  |  |
|   |  | Mother  |  |  |  |                                    |  |  |  |
| 34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. (Signature)  |  | 35. DATE SIGNED (Mo., Day, Year)  |  | 36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print)                 |  | 37. (Title)                        |  |  |  |
|   |  | 8-16-89   |  |  |  |                                    |  |  |  |
| 38. CERTIFIER—NAME AND TITLE (Type or Print)   |  | 39. PHYSICIAN'S MEDICAL LIC. NO.  |  | 40. CERTIFIER—MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) |  |                                    |  |  |  |
| Manuel C. Tanjuatco, M.D.  |  | 18429   |  | P.O. Box 463 Bainbridge, Georgia 31717   |  |                                    |  |  |  |
| 41. REGISTRAR (Signature)  |  | 42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)   |  |  |  |                                    |  |  |  |
|   |  | August 18, 1989   |  |  |  |                                    |  |  |  |

m 3901 (Rev. 6-88) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

STATE COPY

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DHR RULES AND REGULATIONS.

STATE REGISTRAR AND CUSTODIAN  
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodians:   
 Issued by:   
 Date Issued: 7/7/89

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal.

## APPLICATION FOR EMPLOYMENT

(Please Print)

Johnson                      Brandon                      Scott  
 Last Name                      First Name                      Middle Name  
 Hwy 124, 24264, Jonesville, LA                      71343  
 Address                      Number                      Street                      City                      State                      Zip Code  
 229-308-0299                      051386673                      257-81-3884  
 Telephone Number(s)                      Drivers License Number                      Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☒ No

May we contact your present employer?

☐ Yes ☐ No

On what date would you be available for work?

Any Available dateAre you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*☐ Yes ☒ No

Have you had your driver licenses suspended, revoked or received a DWI?

☐ Yes ☒ No

If Yes, please explain \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?

☐ Yes ☒ No*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

|    |   |   |   |
|----|---|---|---|
| 1. | Employer<br><u>Travis Harrell</u>                 | Length<br>of Service<br><u>3 months</u>   | Work Performed<br><u>Metal Work, Construction</u> |
|    | Address<br><u>2413, Hwy 262, Climax, GA 38823</u> | Hourly Rate/Salary<br>Starting      Final |   |
|    | Telephone Number(s)                               |   |   |
|    | Job Title   | Supervisor                                |   |
|    | Reason for Leaving                                |   |   |
| 2. | Employer  | Length<br>of Service                      | Work Performed                                    |
|    | Address   |   |   |
|    | Telephone Number(s)                               | Hourly Rate/Salary<br>Starting      Final |   |
|    | Job Title   | Supervisor                                |   |
|    | Reason for Leaving                                |   |   |
| 3. | Employer  | Length<br>of Service                      | Work Performed                                    |
|    | Address   |   |   |
|    | Telephone Number(s)                               | Hourly Rate/Salary<br>Starting      Final |   |
|    | Job Title   | Supervisor                                |   |
|    | Reason for Leaving                                |   |   |



## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## EDUCATION

|  | Elementary School        |   |   |   |   | High School            |    |    |    | Undergraduate College/University |   |   |   | Graduate/Professional |   |   |   |
|--|--------------------------|---|---|---|---|------------------------|----|----|----|----------------------------------|---|---|---|-----------------------|---|---|---|
| School Name and Location   | Potter Street Elementary |   |   |   |   | Bainbridge High School |    |    |    |                                  |   |   |   |                       |   |   |   |
| Years Completed  | 4                        | 5 | 6 | 7 | 8 | 9                      | 10 | 11 | 12 | 1                                | 2 | 3 | 4 | 1                     | 2 | 3 | 4 |
| Diploma/Degree   |                          |   |   |   |   |                        |    |    |    |                                  |   |   |   |                       |   |   |   |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities      |                          |   |   |   |   |                        |    |    |    |                                  |   |   |   |                       |   |   |   |
| State any additional information you feel may be helpful to us in considering your application |                          |   |   |   |   |                        |    |    |    |                                  |   |   |   |                       |   |   |   |

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Brandon Johnson  
Signature of Applicant

10/15/07  
Date

## TO BE COMPLETED BY EMPLOYER:

Employment Offered ☐ Yes ☐ No

If yes, type employment: ☐ Full-time ☐ Part-time ☒ Seasonally

Compensation: \$7.00 per hour ☒ per week NA other

By: Kather Book Date: 10/15/07



**Form W-4 (2007)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Personal Allowances Worksheet (Keep for your records.)**

|          |   |                |
|----------|---|----------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .   | <b>A</b> _____ |
| <b>B</b> | Enter "1" if:<br><div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul> </div>   | <b>B</b> _____ |
| <b>C</b> | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .   | <b>C</b> _____ |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .  | <b>D</b> _____ |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .   | <b>E</b> _____ |
| <b>F</b> | Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .  | <b>F</b> _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>   | <b>G</b> _____ |
| <b>H</b> | Add lines A through G and enter total here. <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.)<br><div style="display: inline-block; vertical-align: middle;"> <p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </div> | <b>H</b> _____ |

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

|  |  |   |
|--|--|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <b>Employee's Withholding Allowance Certificate</b><br>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | OMB No. 1545-0074<br><div style="font-size: 2em; font-weight: bold;">2007</div>   |
| 1 Type or print your first name and middle initial. Last name<br><div style="display: flex; justify-content: space-between;"> <span>Brandon S</span> <span>Johnson</span> </div>   |  | 2 Your social security number<br><div style="display: flex; justify-content: space-between;"> <span>257</span> <span>81</span> <span>3884</span> </div>   |
| Home address (number and street or rural route)<br>City or town, state, and ZIP code<br><div style="display: flex; justify-content: space-between;"> <span> Hwy 124, 24264</span> <span> Jonesville, LA 71343</span> </div>  |  | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>  |  | 5 <div style="border: 1px solid black; padding: 2px;">0</div><br>6 \$   |
| 7 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)<br>Additional amount, if any, you want withheld from each paycheck<br>I claim exemption from withholding for 2007, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and</li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ 7 |  |   |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   |  |   |
| Employee's signature<br>(Form is not valid unless you sign it.) ▶ <i>Brandon Johnson</i>   |  | Date ▶ 10/15/07   |
| 8 Employer's name and address (Employer: complete lines 8 and 10 only if sending to the IRS.)  |  | 9 Office code (optional) 10 Employer identification number (EIN)  |

OMB No. 1615-0047; Expires 03/31/07

Department of Homeland Security  
U.S. Citizenship and Immigration Services

## Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|  |                         |                            |  |
|--|-------------------------|----------------------------|--|
| Print Name: Last<br><u>Johnson</u>                         | First<br><u>Brandon</u> | Middle Initial<br><u>S</u> | Maiden Name                                      |
| Address (Street Name and Number)<br><u>Hwy. 124, 24264</u> |                         | Apt. #                     | Date of Birth (month/day/year)<br><u>7/25/89</u> |
| City<br><u>Jonesville</u>                                  | State<br><u>LA</u>      | Zip Code<br><u>71343</u>   | Social Security #<br><u>257813884</u>            |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien #) A \_\_\_\_\_

☐ An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #) \_\_\_\_\_

Employee's Signature Brandon Johnson Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                          | OR | List B                 | AND | List C                   |
|---------------------------------|----|------------------------|-----|--------------------------|
| Document title: _____           |    | <u>Drivers License</u> |     | <u>Birth Certificate</u> |
| Issuing authority: _____        |    | <u>See Attachment</u>  |     | <u>See Attachment</u>    |
| Document #: _____               |    | _____                  |     | _____                    |
| Expiration Date (if any): _____ |    | _____                  |     | _____                    |
| Document #: _____               |    | _____                  |     | _____                    |
| Expiration Date (if any): _____ |    | _____                  |     | _____                    |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10/15/07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |  |  |
|---|--|--|
| Signature of Employer or Authorized Representative<br><u>Kathy Book</u> | Print Name<br><u>Kathy Book</u>  | Title<br><u>Secretary / Bookkeeper</u>   |
| Business of Organization Name<br><u>Wayway Cotton Gin, LLC</u>          | Address (Street Name and Number, City, State, Zip Code)<br><u>PO Box 386, Jonesville, LA 71343</u> | Date (month/day/year)<br><u>10/15/07</u> |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|  |  |
|--|--|
| A. New Name (if applicable)  | B. Date of rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.   |  |
| Document Title: _____  | Document #: _____                                  |
| Expiration Date (if any): _____  |  |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. |  |
| Signature of Employer or Authorized Representative   | Date (month/day/year)                              |

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Form I-9 (Rev. 05/31/05) Page 2

# CONFIDENTIAL

## SECOND INJURY FUND QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee — specifically about any pre-existing condition or disability which may entitle the employer to reimbursement. The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

NAME Brandon Scott Johnson ADDRESS Hwy 124, 24264, Jonesville, LA 71343  
 In Emergency Notify Roger Johnson Relationship Father City " State " Zip " Phone 229-308-0216  
 Family Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_

### MEDICAL HISTORY/WORK INJURY

A. Do you now or have you ever had:

Heart Trouble ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Diabetes ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 High Blood Pressure ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Epilepsy ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any type Seizures ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Back Injuries ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any other serious physical ailments ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any physical impairments ☒ No ☐ Yes If yes, explain \_\_\_\_\_  
 Any mental/emotional problems ☒ No ☐ Yes If yes, explain \_\_\_\_\_

How many days were you absent from work due to illness:

Last Year None ? Explain \_\_\_\_\_  
 Last 5 Years None ? Explain \_\_\_\_\_

Have you ever been injured on the job? ☒ No ☐ Yes

If yes, answer the following:

Approximate Date of Accident \_\_\_\_\_

Did you lose any time from work? ☐ No ☐ Yes If yes, how many days? \_\_\_\_\_

Did any permanent damage or disability result? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

Were you given a disability rating by a Doctor? ☐ No ☐ Yes

If yes, give Doctor's Name and Address \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Are you now drawing Worker's Compensation for any former injury? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Give details of any other injuries you may have sustained on or off the job in the past 5 years \_\_\_\_\_

How would you classify your present health? \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ Excellent \_\_\_\_\_ Never been sick

Would you submit to a physical examination at the Company's expense? ☒ Yes ☐ No

WARNING: I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

*Brandon Scott Johnson*



## DRUG AND ALCOHOL POLICY

### I. STATEMENT OF POLICY:

It is the policy of Catavoy Cotton Gin, LLC to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, no intoxicating beverages, firearms, knives, weapons, drugs of any kind including, but not limited to prescription drugs (except as provided below), marijuana and over-the-counter medication, and drug-related paraphernalia, are allowed on company property. With his or her supervisor's prior permission, an employee may possess certain prescription drugs and medication provided:

- 1) it has been prescribed for and limited to his/her use;
- 2) it is kept in the original container and;
- 3) a Medication Permission Form is signed by employee and supervisor. The \_\_\_\_\_ reserves the right to determine what items and substances will be prohibited on company property. Also prohibited is being at work, or reporting to work, with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of the policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises" – includes all locations at which work is performed by company personnel or which our company is assigned to work, including parking lots and storage areas. It also includes aircraft, automobiles, trucks and all other vehicles and equipment, whether company owned or leased.

### II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company. This search may include offices, vehicles, desks, lockers and personal possessions. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. When appropriate, items and substances discovered during these searches may be retained by the management and turned over to law enforcement authorities. The company will pay for the full cost of any tests and transportation to and from such tests.

If an employee chooses not to consent to the searches or medical testing, the employee may be subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of Catavoy Cotton Gin, LLC management representatives.

**ACKNOWLEDGEMENT**

I have read and understand THE DRUG AND ALCOHOL POLICY and agree to submit to all of its requirements (including Urine Drug Screening). I understand that compliance with THE DRUG AND ALCOHOL POLICY is a condition of my employment with this company or my remaining on its property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of THE DRUG AND ALCOHOL POLICY.

Brandon Scott Johnson  
(print name of employee/non-employee)

257813884  
(social security number)

Brandon Johnson  
(employee/non-employee signature)

10/15/07  
Date

\_\_\_\_\_  
(company representative signature)

\_\_\_\_\_  
Date



**CATAVOY COTTON GIN, LLC**

PO BOX 386  
JONESVILLE, LA 71343

**APPLICANT/EMPLOYEE**  
Attachment "B"

**DRUG /ALCOHOL INFORMED CONSENT FORM**

PURPOSE OF TEST:  
(Check all that applies)

- ☐ INITIAL IMPLEMENTATION  
☐ PRE-EMPLOYMENT  
☐ PRE-ENTRY-DESIGNATED POSITION AND/OR AREA OR WORK  
☐ PERIODIC  
☐ FOR CAUSE/SUSPICION  
☐ POST-REHABILITATION  
☐ POST-ACCIDENT  
☐ RANDOM

I, Brandon Scott Johnson (please PRINT your name) **CONSENT** to this request for biological specimen. I understand that the chemical analysis will be conducted by a qualified laboratory and that the results of that analysis will be forwarded to the designated company representative.

The PURPOSE of this analysis is to determine or rule out drug or alcohol abuse. I hereby give my consent to the company to **WORKFORCE CONSULTANTS** and/or its collection agent, \_\_\_\_\_ to collect a urine and/or blood sample and I give my consent to **WORKFORCE CONSULTANTS** to forward the samples to a laboratory, clinic, or hospital to analyze and identify the presence of drugs and alcohol and to report the findings to the company representative.

It is understood that I am submitting to these test of my own free will.

Brandon Scott Johnson  
Employee's Signature

Kathy Bock  
Company Representative's Signature

257813884  
Employee's Social Security Number

Catavoy Cotton Gin, LLC  
Location

\_\_\_\_\_  
Work Location

(318) 339-6161  
Telephone Number with Area Code

10/15/07  
Today's Date

**NOTE:** If the person refuses to sign, is unable to sign, or the required specimen cannot be obtained. Document below a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

\_\_\_\_\_  
Witness Signature

10/15/07  
Date

 **Georgia**  
PROVISIONAL  
DRIVER'S LICENSE

NUMBER **051386673** EXPIRES 07-25-2010

JOHNSON, BRANDON SCOTT  
1116 ROCK BLUFF RD  
BLAKELY, GA 39823-7062

|        |              |            |            |
|--------|--------------|------------|------------|
| SEX    | BIRTHDATE    | EXAM DATE  | COUNTY     |
| M      | 07-25-1989   | 10-13-2005 | 049        |
| HEIGHT | WEIGHT       | CSC        | FEE        |
| 5-06   | 142          | 9 40       | 010.00     |
| CLASS  | ENDORSEMENTS | TYPE       | UNTIL      |
| D      |              | REG        | 07-25-2010 |

ORGAN DONOR *Brandon Johnson*

  
COMMISSIONER *Jim Davis*

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK OR  
E-BLACK INK

## STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH

Local File  
NumberState File  
Number 1.89-060954  
110-

CHILD

2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST 5. JR., SR., II 6. SEX (M or F) 7. DATE OF BIRTH (Mo., Day, Year) 8. TIME OF BIRTH

Brandon Scott JOHNSON Male July 25, 1989 8:59 A. M

9. THIS BIRTH (Single, Twin, Triplet, Etc.) 10. IF NOT SINGLE SPECIFY BIRTH ORDER 11. CITY, TOWN, OR LOCATION OF BIRTH

Single Bainbridge

12. HOSPITAL/FACILITY NAME (If not Hospital, give Street and Number) 13. IF NOT HOSPITAL (Check one) 14. COUNTY OF BIRTH

Memorial Hospital ☐ 1 Clinic/Doctor's Office ☐ 3 Free Standing Birthing Center  
☐ 2 Residence ☐ 4 Other Decatur

MOTHER

15. MOTHER'S NAME: FIRST 16. MIDDLE 17. LAST 18. MAIDEN (Last Name) 19. DATE OF BIRTH (Mo., Day, Year) 20. STATE OF BIRTH (If not U.S.A., Name Country)

Lisa Lorraine Johnson Kelly January 25, 1967 Georgia

E MANUAL  
FOR  
TRUCTIONS

21. RESIDENCE—STATE 22. COUNTY 23. CITY, TOWN OR LOCATION 24. STREET AND NUMBER OF RESIDENCE

Georgia Miller Colquitt Route 2, Box 342

25. MOTHER'S MAILING ADDRESS—IF SAME AS ABOVE, ENTER ZIP CODE 26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)

31717 No

FATHER

27. FATHER'S NAME: FIRST 28. MIDDLE 29. LAST 30. DATE OF BIRTH (Mo., Day, Year) 31. STATE OF BIRTH (If not U.S.A., Name Country)

Roger Eugene Johnson April 13, 1967 Georgia

32. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature of Parent or Other Informant) 33. RELATION TO CHILD

Live R. Johnson Mother

CERTIFIER

34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) 35. DATE SIGNED (Mo., Day, Year) 36. ATTENDANT AT BIRTH (E OTHER THAN CERTIFIER (Type or Print) (Name) 37. (Title)

Manuel C. Taniuatco, M.D. 8-16-89

38. CERTIFIER—NAME AND TITLE (Type or Print) 39. PHYSICIAN'S MEDICAL LIC. NO. 40. CERTIFIER—MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

Manuel C. Taniuatco, M.D. 18429 P.O. Box 463 Bainbridge, Georgia 31717

REGISTRAR

41. REGISTRAR (Signature) 42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)

Patricia N. Evans August 18, 1989

FORM 3301 (Rev. 6-88) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

STATE COPY

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DHR RULES AND REGULATIONS.

STATE REGISTRAR AND CUSTODIAN  
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian

Issued by

Date Issued:

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal.

**Form W-4 (2006)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

**Personal Allowances Worksheet (Keep for your records.)**

|   |                   |
|---|-------------------|
| <b>A</b> Enter "1" for <b>yourself</b> if no one else can claim you as a dependent.   | <b>A</b> _____    |
| <b>B</b> Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>   | <b>B</b> <u>1</u> |
| <b>C</b> Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)  | <b>C</b> _____    |
| <b>D</b> Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return   | <b>D</b> <u>0</u> |
| <b>E</b> Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)  | <b>E</b> _____    |
| <b>F</b> Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit<br>( <b>Note.</b> Do not include child support payments. See <b>Pub. 503</b> , Child and Dependent Care Expenses, for details.)   | <b>F</b> _____    |
| <b>G</b> <b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"> <li>• If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have four or more eligible children.</li> </ul> | <b>G</b> _____    |
| <b>H</b> Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.)  | <b>H</b> <u>1</u> |

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|   |  |  |  |   |
|---|--|--|--|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b><br>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.   |  | OMB No. 1545-0074<br><b>2006</b>                    |
| 1 Type or print your first name and middle initial.<br><u>Brandon S.</u>  |  | Last name<br><u>Johnson</u>  |  | 2 Your social security number<br><u>257 81 3884</u> |
| Home address (number and street or rural route)<br><u>HWY 124 South 24264</u>   |  | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |   |
| City or town, state, and ZIP code<br><u>Louisville, LA 71343</u>  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>  |  |   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |  | 6 Additional amount, if any, you want withheld from each paycheck  |  | 5 <u>1</u><br>6 \$ <u>      </u>                    |
| 7 I claim exemption from withholding for 2006, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and<br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here |  |  |  |   |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.  |  | Employee's signature<br>(Form is not valid unless you sign it.) <u>Brandon S. Johnson</u>  |  | 7 <u>      </u>                                     |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |  | Date <u>5-22-06</u>  |  | 9 Office code (optional)                            |
|   |  |  |  | 10 Employer identification number (EIN)             |

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2006)



Form W-4 (2006)

Page 2

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

**1** Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$10,300 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,550 \text{ if head of household} \\ \$5,150 \text{ if single or married filing separately} \end{array} \right\}$  **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2006 nonwage income (such as dividends or interest) **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** \_\_\_\_\_

**10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

**Two-Earner/Two-Job Worksheet** (See *Two earners/two jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here **2** \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

**4** Enter the number from line 2 of this worksheet **4** \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet **5** \_\_\_\_\_

**6** **Subtract** line 5 from line 4 **6** \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ \_\_\_\_\_

**8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

| Married Filing Jointly                       |   |                       |  |  |  | All Others   |  |
|--|---|-----------------------|--|--|--|--|--|
| If wages from <b>HIGHEST</b> paying job are— | AND, wages from <b>LOWEST</b> paying job are—                       | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | AND, wages from <b>LOWEST</b> paying job are—  | Enter on line 2 above                                | If wages from <b>LOWEST</b> paying job are—  | Enter on line 2 above                                |
| \$0 - \$42,000                               | \$0 - \$4,500<br>4,501 - 9,000<br>9,001 - 18,000<br>18,001 and over | 0<br>1<br>2<br>3      | \$42,001 and over                            | 32,001 - 38,000<br>38,001 - 46,000<br>46,001 - 55,000<br>55,001 - 60,000<br>60,001 - 65,000<br>65,001 - 75,000<br>75,001 - 95,000<br>95,001 - 105,000<br>105,001 - 120,000<br>120,001 and over | 6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15 | \$0 - \$6,000<br>6,001 - 12,000<br>12,001 - 19,000<br>19,001 - 26,000<br>26,001 - 35,000<br>35,001 - 50,000<br>50,001 - 65,000<br>65,001 - 80,000<br>80,001 - 90,000<br>90,001 - 120,000<br>120,001 and over | 0<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10 |

**Table 2: Two-Earner/Two-Job Worksheet**

| Married Filing Jointly                       |                       | All Others                                   |                       |
|--|-----------------------|--|-----------------------|
| If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$60,000                               | \$500                 | \$0 - \$30,000                               | \$500                 |
| 60,001 - 115,000                             | 830                   | 30,001 - 75,000                              | 830                   |
| 115,001 - 165,000                            | 920                   | 75,001 - 145,000                             | 920                   |
| 165,001 - 290,000                            | 1,090                 | 145,001 - 330,000                            | 1,090                 |
| 290,001 and over                             | 1,160                 | 330,001 and over                             | 1,160                 |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the *National Directory of New Hires*. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

## Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

|  |                         |                            |  |
|--|-------------------------|----------------------------|--|
| Print Name: Last<br><u>Johnson</u>                             | First<br><u>Brandon</u> | Middle Initial<br><u>S</u> | Maiden Name                                      |
| Address (Street Name and Number)<br><u>24264 Hwy 124 South</u> |                         | Apt. #                     | Date of Birth (month/day/year)<br><u>7/25/89</u> |
| City<br><u>Jonesville</u>                                      | State<br><u>LA.</u>     | Zip Code<br><u>71343</u>   | Social Security #<br><u>257813884</u>            |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien #) A \_\_\_\_\_  
☐ An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #)

Employee's Signature  
Brandon Johnson

Date (month/day/year)  
5/22/06

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

### Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                          | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____           |    | _____  |     | _____  |
| Issuing authority: _____        |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|  |   |                       |
|--|---|-----------------------|
| Signature of Employer or Authorized Representative | Print Name  | Title                 |
| Business or Organization Name                      | Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

### Section 3. Updating and Reverification. To be completed and signed by employer.

|  |  |
|--|--|
| A. New Name (if applicable)  | B. Date of rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. |  |

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

# CONFIDENTIAL

## SECOND INJURY FUND QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee — specifically about any pre-existing condition c  
 ability which may entitle the employer to reimbursement. The information provided shall not b

1 to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; th  
 ing, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employmen.

NAME Brandon Scott Johnson

ADDRESS \_\_\_\_\_

In Emergency Notify

Relationship

City

State

Zip

Phone

Roger Johnson Father

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

### MEDICAL HISTORY/WORK INJURY

A. Do you now or have you ever had:

Heart Trouble ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Diabetes ☒ No ☐ Yes If yes, explain \_\_\_\_\_

High Blood Pressure ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Epilepsy ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any type Seizures ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Back Injuries ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any other serious physical ailments ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any physical impairments ☒ No ☐ Yes If yes, explain \_\_\_\_\_

Any mental/emotional problems ☒ No ☐ Yes If yes, explain \_\_\_\_\_

How many days were you absent from work due to illness:

Last Year \_\_\_\_\_ ? Explain \_\_\_\_\_

Last 5 Years \_\_\_\_\_ ? Explain \_\_\_\_\_

Have you ever been injured on the job? ☒ No ☐ Yes

If yes, answer the following:

Approximate Date of Accident \_\_\_\_\_

Did you lose any time from work? ☐ No ☐ Yes If yes, how many days? \_\_\_\_\_

Did any permanent damage or disability result? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

Were you given a disability rating by a Doctor? ☐ No ☐ Yes

If yes, give Doctor's Name and Address \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Are you now drawing Worker's Compensation for any former injury? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Give details of any other injuries you may have sustained on or off the job in the past 5 years \_\_\_\_\_

How would you classify your present health? \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ Excellent \_\_\_\_\_ Never been sick

Would you submit to a physical examination at the Company's expense? ☒ Yes ☐ No

ARNING:

I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY  
 OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO  
 WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

## DRUG AND ALCOHOL POLICY

### I. STATEMENT OF POLICY:

It is the policy of \_\_\_\_\_ to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, no intoxicating beverages, firearms, knives, weapons, drugs of any kind including, but not limited to prescription drugs (except as provided below), marijuana and over-the-counter medication, and drug-related paraphernalia, are allowed on company property. With his or her supervisor's prior permission, an employee may possess certain prescription drugs and medication provided:

- 1) it has been prescribed for and limited to his/her use;
- 2) it is kept in the original container and;
- 3) a Medication Permission Form is signed by employee and supervisor. The \_\_\_\_\_ reserves the right to determine what items and substances will be prohibited on company property. Also prohibited is being at work, or reporting to work, with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of the policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises" – includes all locations at which work is performed by company personnel or which our company is assigned to work, including parking lots and storage areas. It also includes aircraft, automobiles, trucks and all other vehicles and equipment, whether company owned or leased.

### II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company. This search may include offices, vehicles, desks, lockers and personal possessions. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. When appropriate, items and substances discovered during these searches may be retained by the management and turned over to law enforcement authorities. The company will pay for the full cost of any tests and transportation to and from such tests.

If an employee chooses not to consent to the searches or medical testing, the employee may be subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of \_\_\_\_\_ management representatives.

### ACKNOWLEDGEMENT

I have read and understand THE DRUG AND ALCOHOL POLICY and agree to submit to all of its requirements (including Urine Drug Screening). I understand that compliance with THE DRUG AND ALCOHOL POLICY is a condition of my employment with this company or my remaining on its property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of THE DRUG AND ALCOHOL POLICY.

Brandon Scott Johnson  
(print name of employee/non-employee)

257813884  
(social security number)

Brandon Johnson  
(employee/non-employee signature)

5/22/06  
Date

\_\_\_\_\_  
(company representative signature)

\_\_\_\_\_  
Date



**CATAVOY COTTON GIN, LLC**

PO BOX 386  
JONESVILLE, LA 71343

**APPLICANT/EMPLOYEE**  
**Attachment "B"**

**DRUG /ALCOHOL INFORMED CONSENT FORM**

PURPOSE OF TEST:  
(Check all that applies)

- ☐ INITIAL IMPLEMENTATION  
☐ PRE-EMPLOYMENT  
☐ PRE-ENTRY-DESIGNATED POSITION AND/OR AREA OR WORK  
☐ PERIODIC  
☐ FOR CAUSE/SUSPICION  
☐ POST-REHABILITATION  
☐ POST-ACCIDENT  
☐ RANDOM

I, Brandon Scott Johnson (please PRINT your name) **CONSENT** to this request for biological specimen. I understand that the chemical analysis will be conducted by a qualified laboratory and that the results of that analysis will be forwarded to the designated company representative.

The **PURPOSE** of this analysis is to determine or rule out drug or alcohol abuse. I hereby give my consent to the company to **WORKFORCE CONSULTANTS** and/or its collection agent, \_\_\_\_\_ to collect a urine and/or blood sample and I give my consent to **WORKFORCE CONSULTANTS** to forward the samples to a laboratory, clinic, or hospital to analyze and identify the presence of drugs and alcohol and to report the findings to the company representative.

It is understood that I am submitting to these test of my own free will.

Brandon Johnson  
Employee's Signature

\_\_\_\_\_  
Company Representative's Signature

257813884  
Employee's Social Security Number

Catavoy Cotton Gin, LLC  
Location

\_\_\_\_\_  
Work Location


(318) 339-6161  
Telephone Number with Area Code

\_\_\_\_\_  
Today's Date

**NOTE:** If the person refuses to sign, is unable to sign, or the required specimen cannot be obtained. Document below a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



PROVISIONAL  
DRIVER'S LICENSE


NUMBER 051386673 EXPIRES 07-25-2010  
JOHNSON, BRANDON SCOTT  
1116 ROCK BLUFF RD  
BLAKELY, GA 39823-7062

|        |      |              |            |           |            |              |            |
|--------|------|--------------|------------|-----------|------------|--------------|------------|
| SEX    | M    | BIRTHDATE    | 07-25-1989 | EXAM DATE | 10-13-2005 | COUNTY       | DA9        |
| HEIGHT | 5-06 | WEIGHT       | 142        | FEE       | 010.00     | RESTRICTIONS | 2          |
| CLASS  | D    | ENDORSEMENTS |            | TYPE      | REG        | UNTIL        | 07-25-2010 |

ORGAN DONOR

*Brandon Scott Johnson*

*James Davis*



10:51 PM

8/30/11

**Catavoy Cotton Gin, LLC**  
**Payroll Summary**  
 January through December 2006

|  | Brandon S. Johnson |       |              | TOTAL  |      |              |
|--|--------------------|-------|--------------|--------|------|--------------|
|  | Hours              | Rate  | Jan - Dec 06 | Hours  | Rate | Jan - Dec 06 |
| <b>Employee Wages, Taxes and Adjustments</b> |                    |       |              |        |      |              |
| Gross Pay                                    |                    |       |              |        |      |              |
| Hourly Wage-Overtime                         |                    | 10.50 | 0.00         |        |      | 0.00         |
| Hourly Wage-Regular                          | 350.5              | 7.00  | 2,453.50     | 350.50 |      | 2,453.50     |
| Total Gross Pay                              | 350.5              |       | 2,453.50     | 350.50 |      | 2,453.50     |
| Adjusted Gross Pay                           | 350.5              |       | 2,453.50     | 350.50 |      | 2,453.50     |
| Taxes Withheld                               |                    |       |              |        |      |              |
| Federal Withholding                          |                    |       | -140.00      |        |      | -140.00      |
| Medicare Employee                            |                    |       | -35.58       |        |      | -35.58       |
| Social Security Employee                     |                    |       | -152.12      |        |      | -152.12      |
| LA - Withholding                             |                    |       | -37.30       |        |      | -37.30       |
| Total Taxes Withheld                         |                    |       | -365.00      |        |      | -365.00      |
| Net Pay                                      | 350.5              |       | 2,088.50     | 350.50 |      | 2,088.50     |
| <b>Employer Taxes and Contributions</b>      |                    |       |              |        |      |              |
| Federal Unemployment                         |                    |       | 19.63        |        |      | 19.63        |
| Medicare Company                             |                    |       | 35.58        |        |      | 35.58        |
| Social Security Company                      |                    |       | 152.12       |        |      | 152.12       |
| LA - Unemployment Company                    |                    |       | 80.72        |        |      | 80.72        |
| Total Employer Taxes and Contributions       |                    |       | 288.05       |        |      | 288.05       |

Brandon Johnson  
 worked seasonally  
 from 2006-2009.  
 Included is a  
 copy of all payroll  
 + reimbursement checks  
 to him.

:52 PM

8/30/11

**Catavoy Cotton Gin, LLC**  
**Payroll Summary**  
 January through December 2007

|  | Brandon S. Johnson |       |              | TOTAL  |      |              |
|--|--------------------|-------|--------------|--------|------|--------------|
|  | Hours              | Rate  | Jan - Dec 07 | Hours  | Rate | Jan - Dec 07 |
| <b>Employee Wages, Taxes and Adjustments</b> |                    |       |              |        |      |              |
| Gross Pay                                    |                    |       |              |        |      |              |
| Hourly Wage-Overtime                         | 190.88334          | 10.50 | 2,004.28     | 190.88 |      | 2,004.28     |
| Hourly Wage-Regular                          | 270                | 7.00  | 1,890.00     | 270.00 |      | 1,890.00     |
| Bonus (one-time cash award)                  |                    |       | 500.00       |        |      | 500.00       |
| Total Gross Pay                              | 460.88334          |       | 4,394.28     | 460.88 |      | 4,394.28     |
| Adjusted Gross Pay                           | 460.88334          |       | 4,394.28     | 460.88 |      | 4,394.28     |
| Taxes Withheld                               |                    |       |              |        |      |              |
| Federal Withholding                          |                    |       | -594.00      |        |      | -594.00      |
| Medicare Employee                            |                    |       | -63.72       |        |      | -63.72       |
| Social Security Employee                     |                    |       | -272.45      |        |      | -272.45      |
| LA - Withholding                             |                    |       | -145.55      |        |      | -145.55      |
| Total Taxes Withheld                         |                    |       | -1,075.72    |        |      | -1,075.72    |
| Net Pay                                      | 460.88334          |       | 3,318.56     | 460.88 |      | 3,318.56     |
| <b>Employer Taxes and Contributions</b>      |                    |       |              |        |      |              |
| Federal Unemployment                         |                    |       | 35.15        |        |      | 35.15        |
| Medicare Company                             |                    |       | 63.72        |        |      | 63.72        |
| Social Security Company                      |                    |       | 272.45       |        |      | 272.45       |
| LA - Unemployment Company                    |                    |       | 142.81       |        |      | 142.81       |
| Total Employer Taxes and Contributions       |                    |       | 514.13       |        |      | 514.13       |



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8/30/11

**Catavoy Cotton Gin, LLC**  
**Payroll Summary**  
 January through December 2008

|  | Brandon S. Johnson |       |                 | TOTAL           |      |                 |
|--|--------------------|-------|-----------------|-----------------|------|-----------------|
|  | Hours              | Rate  | Jan - Dec 08    | Hours           | Rate | Jan - Dec 08    |
| <b>Employee Wages, Taxes and Adjustments</b> |                    |       |                 |                 |      |                 |
| Gross Pay                                    |                    |       |                 |                 |      |                 |
| Holiday Pay                                  | 24                 | 8.00  | 192.00          | 24.00           |      | 192.00          |
| Hourly Wage-Overtime                         | 107.38334          | 12.00 | 1,288.60        | 107.38          |      | 1,288.60        |
| Hourly Wage-Regular                          | 1,130.53334        | 8.00  | 9,044.26        | 1,130.53        |      | 9,044.26        |
| Total Gross Pay                              | 1,261.91668        |       | 10,524.86       | 1,261.92        |      | 10,524.86       |
| Adjusted Gross Pay                           | 1,261.91668        |       | 10,524.86       | 1,261.92        |      | 10,524.86       |
| Taxes Withheld                               |                    |       |                 |                 |      |                 |
| Federal Withholding                          |                    |       | -548.00         |                 |      | -548.00         |
| Medicare Employee                            |                    |       | -152.61         |                 |      | -152.61         |
| Social Security Employee                     |                    |       | -652.54         |                 |      | -652.54         |
| LA - Withholding                             |                    |       | -112.76         |                 |      | -112.76         |
| Total Taxes Withheld                         |                    |       | -1,465.91       |                 |      | -1,465.91       |
| Net Pay                                      | <u>1,261.91668</u> |       | <u>9,058.95</u> | <u>1,261.92</u> |      | <u>9,058.95</u> |
| <b>Employer Taxes and Contributions</b>      |                    |       |                 |                 |      |                 |
| Federal Unemployment                         |                    |       | 56.00           |                 |      | 56.00           |
| Medicare Company                             |                    |       | 152.61          |                 |      | 152.61          |
| Social Security Company                      |                    |       | 652.54          |                 |      | 652.54          |
| LA - Unemployment Company                    |                    |       | 240.80          |                 |      | 240.80          |
| Total Employer Taxes and Contributions       |                    |       | <u>1,101.95</u> |                 |      | <u>1,101.95</u> |

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8/30/11

**Catavoy Cotton Gin, LLC**  
**Payroll Summary**  
 January through December 2009

|   | Brandon S. Johnson |       |                  | TOTAL         |      |                  |
|---|--------------------|-------|------------------|---------------|------|------------------|
|   | Hours              | Rate  | Jan - Dec 09     | Hours         | Rate | Jan - Dec 09     |
| <b>Employee Wages, Taxes and Adjustments</b>  |                    |       |                  |               |      |                  |
| Gross Pay                                     |                    |       |                  |               |      |                  |
| Holiday Pay                                   | 8                  | 8.00  | 64.00            | 8.00          |      | 64.00            |
| Hourly Wage-Overtime                          | 204.76665          | 12.00 | 2,457.20         | 204.77        |      | 2,457.20         |
| Hourly Wage-Regular                           | 651.45             | 8.00  | 5,211.60         | 651.45        |      | 5,211.60         |
| Bonus (one-time cash award)                   |                    |       | 1,590.00         |               |      | 1,590.00         |
| <b>Total Gross Pay</b>                        | <b>864.21665</b>   |       | <b>9,322.80</b>  | <b>864.22</b> |      | <b>9,322.80</b>  |
| <b>Adjusted Gross Pay</b>                     | <b>864.21665</b>   |       | <b>9,322.80</b>  | <b>864.22</b> |      | <b>9,322.80</b>  |
| <b>Taxes Withheld</b>                         |                    |       |                  |               |      |                  |
| Federal Withholding                           |                    |       | -775.00          |               |      | -775.00          |
| Medicare Employee                             |                    |       | -135.18          |               |      | -135.18          |
| Social Security Employee                      |                    |       | -578.01          |               |      | -578.01          |
| LA - Withholding                              |                    |       | -261.90          |               |      | -261.90          |
| <b>Total Taxes Withheld</b>                   |                    |       | <b>-1,750.09</b> |               |      | <b>-1,750.09</b> |
| <b>Net Pay</b>                                | <b>864.21665</b>   |       | <b>7,572.71</b>  | <b>864.22</b> |      | <b>7,572.71</b>  |
| <b>Employer Taxes and Contributions</b>       |                    |       |                  |               |      |                  |
| Federal Unemployment                          |                    |       | 56.00            |               |      | 56.00            |
| Medicare Company                              |                    |       | 135.18           |               |      | 135.18           |
| Social Security Company                       |                    |       | 578.01           |               |      | 578.01           |
| LA - Unemployment Company                     |                    |       | 244.30           |               |      | 244.30           |
| <b>Total Employer Taxes and Contributions</b> |                    |       | <b>1,013.49</b>  |               |      | <b>1,013.49</b>  |

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08/30/11  
Accrual Basis

Catavoy Cotton Gin, LLC  
Find Report  
All Transactions

| Type     | Date       | Num  | Name               | Memo            | Account               | Class      | Clr | Split   | Amount    | Balance    |
|----------|------------|------|--------------------|-----------------|-----------------------|------------|-----|---------|-----------|------------|
| Paycheck | 12/24/2009 | 5816 | Brandon S. Johnson | (4800 bales ... | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -1,132.71 | -1,132.71  |
| Paycheck | 12/4/2009  | 5832 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -480.56   | -1,613.27  |
| Paycheck | 11/30/2009 | 5787 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -2,161.21 | -3,774.48  |
| Paycheck | 11/24/2009 | 5752 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -547.94   | -4,322.42  |
| Paycheck | 11/16/2009 | 5717 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -554.03   | -4,876.45  |
| Check    | 11/16/2009 | 5742 | Brandon S. Johnson | Reimburse...    | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -554.39   | -5,430.84  |
| Paycheck | 11/9/2009  | 5675 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -174.40   | -5,605.24  |
| Paycheck | 11/2/2009  | 5656 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -509.07   | -6,114.31  |
| Paycheck | 10/26/2009 | 5618 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -567.81   | -6,682.12  |
| Paycheck | 10/19/2009 | 5582 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -512.32   | -7,194.44  |
| Paycheck | 10/12/2009 | 5545 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -359.28   | -7,553.72  |
| Paycheck | 10/5/2009  | 5518 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -343.84   | -7,897.56  |
| Paycheck | 9/28/2009  | 5493 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -553.50   | -8,451.06  |
| Paycheck | 9/22/2009  | 5468 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -55.05    | -8,506.11  |
| Paycheck | 9/14/2009  | 5445 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -349.57   | -8,855.68  |
| Paycheck | 9/7/2009   | 5420 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -335.74   | -9,191.42  |
| Paycheck | 8/31/2009  | 5392 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -285.34   | -9,476.76  |
| Paycheck | 8/24/2009  | 5376 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -146.22   | -9,623.00  |
| Paycheck | 10/13/2008 | 4975 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -279.43   | -9,902.43  |
| Paycheck | 10/6/2008  | 4935 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -339.28   | -10,241.71 |
| Paycheck | 9/29/2008  | 4900 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -457.11   | -10,698.82 |
| Paycheck | 9/22/2008  | 4883 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -8,822.93 | -19,521.75 |
| Paycheck | 9/15/2008  | 4856 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -293.76   | -19,815.51 |
| Paycheck | 9/8/2008   | 4834 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -322.52   | -20,138.27 |
| Paycheck | 9/1/2008   | 4821 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -128.68   | -20,266.95 |
| Paycheck | 8/25/2008  | 4805 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -386.95   | -20,653.90 |
| Paycheck | 8/18/2008  | 4787 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -296.83   | -20,950.73 |
| Paycheck | 8/11/2008  | 4766 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -307.84   | -21,258.57 |
| Paycheck | 8/4/2008   | 4736 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -307.82   | -21,566.39 |
| Paycheck | 7/28/2008  | 4718 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -192.09   | -21,758.48 |
| Paycheck | 7/14/2008  | 4684 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -293.94   | -21,952.42 |
| Paycheck | 7/7/2008   | 4656 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -236.30   | -22,188.72 |
| Paycheck | 6/30/2008  | 4641 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -279.43   | -22,468.15 |
| Paycheck | 6/23/2008  | 4625 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -304.94   | -22,773.09 |
| Paycheck | 6/16/2008  | 4617 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -352.79   | -23,125.88 |
| Paycheck | 6/9/2008   | 4592 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -279.43   | -23,405.31 |
| Paycheck | 6/2/2008   | 4566 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -257.85   | -23,663.16 |
| Paycheck | 5/26/2008  | 4555 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -313.83   | -23,976.99 |
| Paycheck | 5/19/2008  | 4539 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -241.31   | -24,218.30 |
| Paycheck | 5/12/2008  | 4530 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -258.81   | -24,477.11 |
| Paycheck | 5/5/2008   | 4515 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -295.21   | -24,772.32 |
| Paycheck | 4/28/2008  | 4492 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -316.48   | -25,088.80 |
| Paycheck | 4/14/2008  | 4471 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -301.61   | -25,390.41 |
| Paycheck | 4/7/2008   | 4446 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -262.78   | -25,653.19 |
| Paycheck | 3/24/2008  | 4431 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -301.42   | -25,954.61 |
| Paycheck | 3/17/2008  | 4418 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -46.91    | -26,001.52 |
| Paycheck | 3/10/2008  | 4391 | Brandon S. Johnson |                 | Catahoula-LaSalle ... | Warehou... | X   | -SPLIT- | -337.84   | -26,339.36 |
|          |            |      |                    |                 | Catahoula-LaSalle ... | Warehou... | X   | -SPLIT- | -374.16   | -26,713.52 |

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08/30/11

Accrual Basis

# Catavoy Cotton Gin, LLC Find Report All Transactions

| Type         | Date       | Num  | Name               | Memo | Account               | Class      | Clr | Split   | Amount            | Balance           |
|--------------|------------|------|--------------------|------|-----------------------|------------|-----|---------|-------------------|-------------------|
| Paycheck     | 3/3/2008   | 4381 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Warehou... | X   | -SPLIT- | -405.95           | -16,806.06        |
| Paycheck     | 11/26/2007 | 4041 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -221.02           | -17,027.08        |
| Paycheck     | 11/22/2007 | 4053 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -387.49           | -17,414.57        |
| Paycheck     | 11/19/2007 | 4013 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -513.44           | -17,928.01        |
| Paycheck     | 11/12/2007 | 3966 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -548.46           | -18,476.47        |
| Paycheck     | 11/5/2007  | 3915 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -566.75           | -19,043.22        |
| Paycheck     | 10/29/2007 | 3858 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -537.91           | -19,581.13        |
| Paycheck     | 10/22/2007 | 3821 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -543.49           | -20,124.62        |
| Paycheck     | 7/31/2006  | 1956 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -217.42           | -20,342.04        |
| Paycheck     | 7/17/2006  | 1906 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -471.96           | -20,814.00        |
| Paycheck     | 7/3/2006   | 1907 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -471.96           | -21,285.96        |
| Paycheck     | 6/19/2006  | 1890 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -464.64           | -21,750.60        |
| Paycheck     | 6/5/2006   | 1847 | Brandon S. Johnson |      | Catahoula-LaSalle ... | Gin        | X   | -SPLIT- | -462.52           | -22,213.12        |
| <b>Total</b> |            |      |                    |      |                       |            |     |         | <b>-22,213.12</b> | <b>-22,213.12</b> |



005742

**CATAVOY COTTON GIN, LLC**P.O. BOX 386  
JONESVILLE, LA 71343CATAHOULA  
-LaSALLE  
BANK  
JONESVILLE/ENA & HARRISONBURG  
84-191/1111

11/16/2009

PAY TO THE ORDER OF Brandon S. Johnson \$\*\*174.40

One Hundred Seventy-Four and 40/100\*\*\*\*\*

Brandon S. Johnson  
24264 Hwy 124  
Jonesville, LA 71343

DOLLARS



MEMO Reimbursement for travel expense

AUTHORIZED SIGNATURE

⑈005742⑈ ⑆111101911⑆ 01 2703 5⑈

**CATAVOY COTTON GIN, LLC**  
Brandon S. Johnson

11/16/2009

005742

Reimbursement for travel to pick up press pump  
436 miles @ \$.40

174.40

Catahoula-LaSalle Ba Reimbursement for travel expense

174.40

**CATAVOY COTTON GIN, LLC**  
Brandon S. Johnson

11/16/2009


005742

Reimbursement for travel to pick up press pump  
436 miles @ \$.40

174.40

Catahoula-LaSalle Ba Reimbursement for travel expense

174.40

Ob. 

11-15-09

OK New Orleans

**CATAVOY COTTON GIN, LLC**

**PO Box 386  
Jonesville, LA 71343**

Phone: 318 339 6161

Fax: 318 339 6199

**EMPLOYMENT  
AGREEMENT**

I Brandon S. Johnson, have agreed to work for Catavoy Cotton Gin, LLC for \$ 7.00 per hour during ginning season.

At the end of the 2007 ginning season Catavoy Cotton Gin, LLC will pay \$ \$0.50, (50 cents) per hour for total hours worked.

Extra pay will be null and void if:

- 1) Have missing days or absent from work.
- 2) Quitting or being terminated before the 2007 ginning season is completed.
- 3) Having three (3) safety violations.

I have read and (or) this has been explained to me and I agree to the terms listed above.

Witnesses:

Roger E. John

Kathy Book 10/15/07

Brandon Johnson 10/15/07  
Employee Date



Course Completion Date: **August 27, 2009**  
Expiration Date: **August 27, 2011**

Security Control No.

**844501**

Name **Brandon Johnson**  
Address **Catavoy Cotton Gin LLC**  
Address **P O Box 386**  
City, State, Zip **Jonesville, LA 71343**

Training Center: **LA Agricultural Corp.**  
Instructor Name: **Russ Jones**  
Instructor Number: **436652**

**CPR Course**

**Brandon Johnson**

The person named above successfully completed a National Safety Council  
CPR Course based on the current standards and guidelines for CPR and ECC.

**THIS DOCUMENT IS VOID IF REPRODUCED**





Course Completion Date: **August 27, 2009**  
Expiration Date: **August 27, 2012**

Security Control No.  
**824212**

Name **Brandon Johnson**  
Address **Catavoy Cotton Gin, LLC**  
Address **P O Box 386**  
City, State, Zip **Jonesville, LA 71343**

Training Center: **LA Agricultural Corp.**  
Instructor Name: **Russ Jones**  
Instructor Number: **436652**

First Aid Course

**Brandon Johnson**

The person named above successfully completed a  
National Safety Council First Aid Course.

THIS DOCUMENT IS VOID IF REPRODUCED

## FORKLIFT GENERAL TRAINING CERTIFICATE

29 CFR 1910.178 describes requirements for powered industrial truck operations, maintenance, inspections, and training. This is to certify that I have attended the above training which has informed me of:

- Forklift characteristics, including handling, capacity, load center, and center of gravity.
- Procedures for handling loads.
- Hazards specific to the workplace or operating environment.
- Awareness of mechanical components and their functions.
- How to handle mechanical emergencies.
- Safe loading and unloading procedures.
- General safe operating procedures.
- Equipment inspection.
- \_\_\_\_\_
- \_\_\_\_\_

In addition, I have demonstrated proficiency in safe handling and operation.

8/12/08  
Date

Brandon Johnson  
Employee's Signature

8/12/08  
Date

Rhonda Fandolt  
Trainer's Signature

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

*Brandon Johnson*

Danilo Johnson 8-12-08  
Employee: \_\_\_\_\_  
Company: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Date: \_\_\_\_\_

## Forklift Safety Quiz

**Directions:** Read each statement carefully and circle the response that most fully answers the question.

1. Who can operate forklifts?

- A. truck drivers
- B. supervisors
- C. any employee on duty
- ☒ D. trained and authorized workers

2. How many people can ride on a forklift?

- ☒ A. only the operator, unless the truck is equipped for passengers
- B. the operator plus any other authorized operator
- C. up to three if reasonable hand holds are available
- D. there is no pre-determined limit

3. The "stability triangle" is used to describe:

- A. the forklift suspension system
- B. the proper way for getting on and off a forklift
- C. a method making a "three point turn" with rear steering
- ☒ D. how the unit/load center of gravity can tip over a forklift

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4. ✓ How often should operators inspect their forklift?

- A. hourly
- B. weekly
- ✓ C. every shift
- D. monthly

5. ✓ Who has the right-of-way?

- A. the largest forklift
- ✓ B. pedestrians
- C. forklifts approaching from the right
- D. forklifts in the main aisle

6. ✓ What is the first thing to do before driving into a trailer?

- ✓ A. check that the trailer is secured with chocks or another locking mechanism
- B. raise the forks high enough to clear the dock plate
- C. turn on available lighting
- D. advise dock supervisor that you are entering the trailer

7. ✓ How high should a load be carried?

- A. low enough to see over
- ✓ B. as low as possible, preferably 2 to 4 inches off the ground
- C. high enough to clear obstacles in your path
- D. high enough to see under

8. ✓ When traveling down a ramp or incline:

- A. avoid turning if possible
- B. back up when loaded
- C. back down when loaded
- ✓ D. both A and C

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9. ✓ How soon should repairs be made to a forklift?

- A. as soon as possible
- B. at the next scheduled maintenance time
- ✓ C. before the unit is used
- D. at the end of your shift

10. ✓ When is it OK to travel with a load raised more than a few inches?

- A. whenever there is sufficient clearance
- B. whenever you know the floor to be free of bumps
- C. whenever you need to see under the load
- ✓ D. never

11. ✓ The minimum distance the forks should extend into a pallet is?

- ✓ A. all the way
- B. half way
- C. quarter way
- D. far enough to balance the load

12. ✓ When should an operator raise or lower a load?

- A. as soon as it's secure on the tines
- B. when approaching the lift
- ✓ C. only while stopped
- D. when necessary to improve load balance

13. ✓ Who is responsible for verifying the security of a trailer before loading or unloading?

- A. the dock supervisor
- ✓ B. the forklift operator
- C. the truck driver
- D. whoever the company designates

14. Training on one type of vehicle:
- ☒ A. qualifies the operator for that type of vehicle
  - B. is sufficient for all company forklifts
  - C. should be done every three years
  - D. should be done every five years
15. A forklift is "unattended" and must be shut off with the controls neutralized and the brakes set when:
- A. the operator is within sight
  - B. the operator is out of sight
  - C. the operator is more than 25 feet away
  - ☒ D. either B or C
16. The first thing to do when changing the battery or refueling:
- ☒ A. shut off the engine
  - B. disconnect fuel lines or battery cables
  - C. put on correct personal protective equipment
  - D. depends on the unit
17. A forklift operator's performance must be evaluated:
- A. monthly
  - B. yearly
  - ☒ C. every three years
  - D. every five years
18. When mounting or dismounting a forklift:
- A. face away from the forklift
  - B. face toward the forklift
  - ☒ C. use three points of contact
  - D. jump on or off

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19. You can get under a raised load:
- A. to check for debris that may fall off
  - B. to be sure that the fork position is correct
  - ☒ C. never get under a raised load
  - D. whenever it is necessary
20. Gas or diesel spills:
- A. are not a problem as they will evaporate quickly
  - ☒ B. should be cleaned up immediately following proper safety procedures
  - C. may explode so remove the forklift from the area
  - D. none of the above



### FORKLIFT OPERATOR CERTIFICATE

Brandon Johnson is authorized to operate a forklift used by  
(name of operator)

Catahou Cotton Gin LLC during the 2009  
(name of gin or warehouse) (season)

Rhonda Faircloth  
(certified trainer)

9-3-09  
(date)

This authorized operator has demonstrated the following abilities:

1. Uses safety belt when driving forklift.
2. Understands machine parts and what they do.
3. Proper use of safety glasses, gloves, hard hat, and dust masks when operating forklift.
4. Inspect for safe operation before using forklift.
5. Knows how to handle mechanical emergencies while operating forklift.
6. Safe handling proficiency.
7. Safe travel while loaded and unloaded.
8. Safe loading and unloading procedures.
9. Safely stacking and dropping loads.
10. **Uses safety belt when operating forklift.**

I, Brandon Johnson have been instructed in all above procedures  
(employee signature)

and understand my responsibility in each of the above areas of forklift operation. I have read or had presented to me all information in the J.J. Keller Forklift Safety Employee Handbook 472H or 472H-Spanish.

|             |                           |
|-------------|---------------------------|
| Employee:   | <u>Brandon S. Johnson</u> |
| Company:    | _____                     |
| Instructor: | _____                     |
| Date:       | <u>09/23/09</u>           |

### Forklift Safety Quiz

**Directions:** Read each statement carefully and circle the response that most fully answers the question.

1. Who can operate forklifts?
  - A. truck drivers
  - B. supervisors
  - C. any employee on duty
  - ☒ D. trained and authorized workers
2. How many people can ride on a forklift?
  - ☒ A. only the operator, unless the truck is equipped for passengers
  - B. the operator plus any other authorized operator
  - C. up to three if reasonable hand holds are available
  - D. there is no pre-determined limit
3. The "stability triangle" is used to describe:
  - A. the forklift suspension system
  - B. the proper way for getting on and off a forklift
  - C. a method making a "three point turn" with rear steering
  - D. how the unit/load center of gravity can tip over a forklift

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4. How often should operators inspect their forklift?
- A. hourly
  - B. weekly
  - ☒ C. every shift
  - D. monthly
5. Who has the right-of-way?
- A. the largest forklift
  - ☒ B. pedestrians
  - C. forklifts approaching from the right
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6. What is the first thing to do before driving into a trailer?
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— 20 —

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— 21 —

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